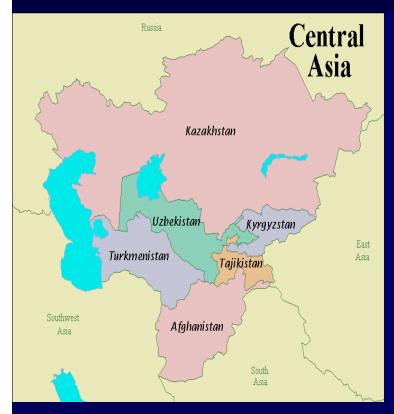
Establishment and Implementation of Comprehensive Training for Laboratory Capacity Building in Central Asia

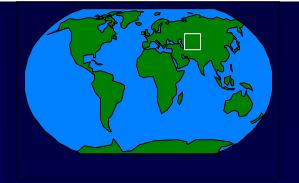
Kalashnikova T. (DIH, EPO, CDC/CAR) Musabaev E. (Ref. Lab .Uzbekistan) **Usmanov R.** (Ref. Lab. Kyrgyzstan) **Kovtunenko N** (RL RC AIDS Kazazhstan) **Suleymenova S**.(Ref. Lab Kazakhstan)

Ongarbaev A. (Ref. Lab .Uzbekistan) **Kuchuk T**.(Ref. Lab. Kyrgyzstan) Albetkova A. (Ref. Lab .Uzbekistan) Jumagulova A. (DIH, EPO, CDC/CAR) **Drobeniuk J.** (DVH, NCID, CDC) Golovchenko N.I. (RL RC AIDS Kyrgyzstan) Favorov M. (DIH, EPO, CDC/CAR)









World Fact-book

Area: total: 3,994,400 sq km

Climate: dry continental to polar in high Tien Shan; subtropical in Fergana Valley; temperate in foothill zone.

Environment issues: water pollution; many people get their water directly from streams

Population: 55,431,390. Children 0-14 years: 36%. Birth rate: 22.03 births/1,000 population (1998) Infant mortality rate: 58-113 deaths/1,000 live births

Economic - poor, countries with predominantly agricultural economy. Several countries in the region reach with national resources. Poor infrastructure limited countries income.

Illicit drugs: limited government eradication program; increasingly used as transshipment point for illicit drugs



Countries of Central Asia Laboratory Service Limitations

- Absence of national quality assurance system for quality standards
 - Lack of cadre of qualified laboratory specialists
 - Limited resources
 - Outdated facilities and equipment
 - Absence of Quality system for reagents used
- Absence of principles for internal (IQC) and external (EQA/PT) laboratory quality control
- Absence of continuous postgraduate education for laboratory specialists



Consecutive testing of the serum sample from a single hepatitis B patient

(10 aliquots; One month period; Almaty City Laboratory, Kazakhstan)

Markers/samples	1	2	3	4	5	6	7	8	9	10
Anti-HAV IgM	-	-	-	-	-	-		-	-	-
HBsAg	-	+	-	-	-	-	+	+	+	+
Anti-HBs	-	-	-	-	-	-	-	-	-	-
Anti-HBc IgM	+	+	+	+	+	-	-			-
Anti-HBc	-	_	-	-	-	-	-	-	-	-
HBeAg	-	-	-	-	-	-	-	-	-	-
Anti HBe	-	_	_	_	-	-	-	_	-	-
Anti-HCV IgM	-	+	_	-	_	_	_	+	_	+
Anti-HCV	-	-	-	-	-	+	-	-	-	-
Anti-HCV Core	-	_	-	_	_	_	-	-	-	-
Anti-HCV NS	-	-	-	-	-	-	-	-	-	-
Anti-HDV IgM	-	-	_	-	_	-	_	-	-	+
Anti HDV Total	_	-	_	-	_	_	-	-	+	-
Anti-HEV	-	-	-	-	-	-	+	-	-	-
Anti-HGV	-	-	_	-	-	-	_	-	-	-



GOAL

 Establishing and implementation of comprehensive laboratory training to develop quality assurance program focusing on laboratory diagnostic of HIV and viral hepatitis



Objectives and Methods

Develop Knowledge

- To institute training system for theoretical and practical aspects of Quality assurance for employers of laboratoriy service network
 - basic QA training course
 - Apply Advanced QA Training course

Improve Skills

- To establish of reference-laboratories QA centers for development and implementation
 - Normative standards
 - Biological standards
- Re-equipment of the leading laboratories on the Republican and Oblast levels
- Implementation quality control test-kits

Increase competence

- Monitoring of test performance quality by implementation
 - Internal quality control program
 - External quality assessment /Proficiency Testing programs



Knowledge

- Quality Assurance/Quality Control (QA/QC) manuals was developed for trainings support
- 23 QA training were provided for 461 participants from different countries of CAR AIDS centers
 - Sanitarian surveillance centers
 - Blood Donor Centers
 - Infectious diseases hospitals
 - Private laboratories
- Lecturing in quality control have been included to workshops for epidemiologists and practitioners in Central Asia

Quality Control in Infectious Diseases Laboratory Essential Component for Public Health Improvement»

Контроль качества диагностических исследований - необходимое условие улучшения общественного здравоохранения



Manual Практическое пособие



совместный проект





Reference laboratories

 Reference laboratories for HIV and viral hepatitis were established in four states of Central Asia and their responsibilities for implementation QA programs were approved by MOH

Kyrgyzstan (1998)

Kazakhstan (2000)

- Uzbekistan (1999)
- Turkmenistan (2000)
- Develop, distribute, implement QA policy (Prikaz, Rules, Guidelines, Manuals)
- Implement test-kits control on the national level (Kyrgyzstan, Uzbekistan, Kazakhstan,





EQUIPMENT

 Forty one sets of ELISA equipment and supplies were purchased in 2004



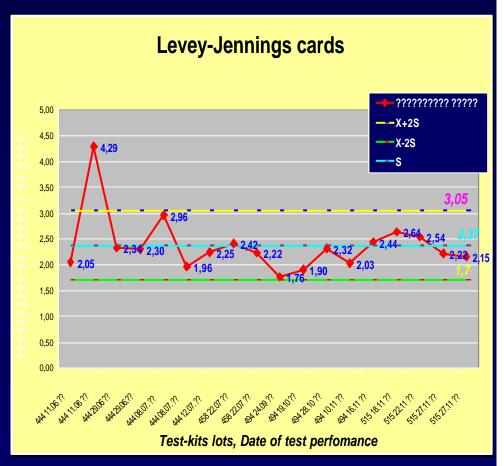
Process of re-equipping

- the list of equipment with it's specifications was created
- technical assistance for installation and initial calibration was provided
- mechanisms for maintenance, service, and repair was set up



Internal quality control

- Internal quality control program implementation
 - Select specimens, create reference panels
 - Evaluate control results daily and over time
 - Establish and use acceptance criteria





Pilot Proficiency Testing programs in CAR

- In Kazakhstan anti HIV reference panel with 6 samples (3 anti-??? positive and 3 anti-HIV negative) were used. 100% accurate results of test performance could achieved.
 - 8 % (2/24 laboratories) in 1998
 - 75 % (18/24 laboratories) in 2001
- In Uzbekistan anti-HCV reference panel with 8 samples (6 anti-HCV positive and 2 anti-HCV negative) was used.
 100 % accuracy of test performance could archived
 - 0 % (0/19 laboratories) In 2000
 - 17 % (4/23 laboratories) in 2001



Current PT programs in CAR

 WHO compliant multi-reference national panels with serological markers of HIV, HBV and HCV infections were created and used in Kazakzhstan, Uzbekistan, Kyrgyzstan since 2002

• [Requirements and Guidance for External Quality Assessment Schemes for Health Laboratories, WHO/DIL/LAB/99.2

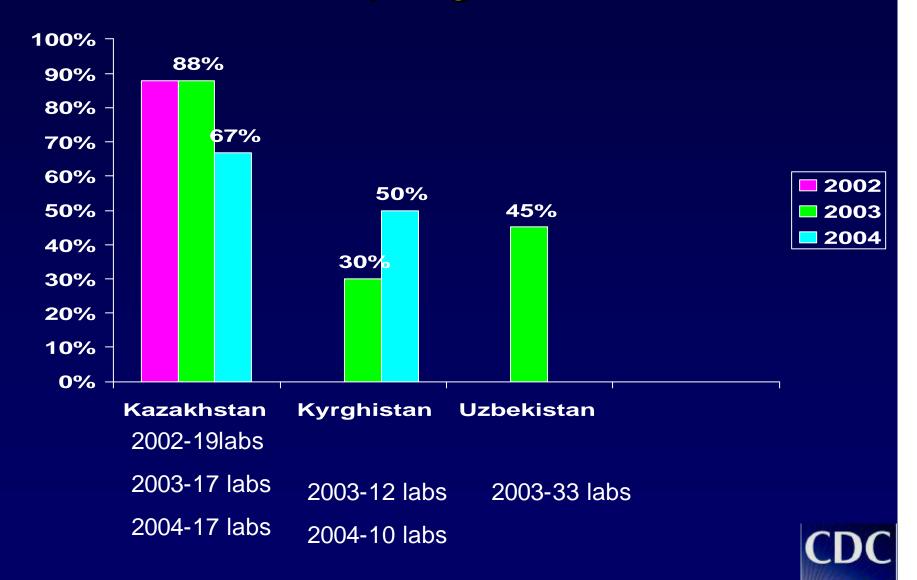


Design of Multi -reference pattern

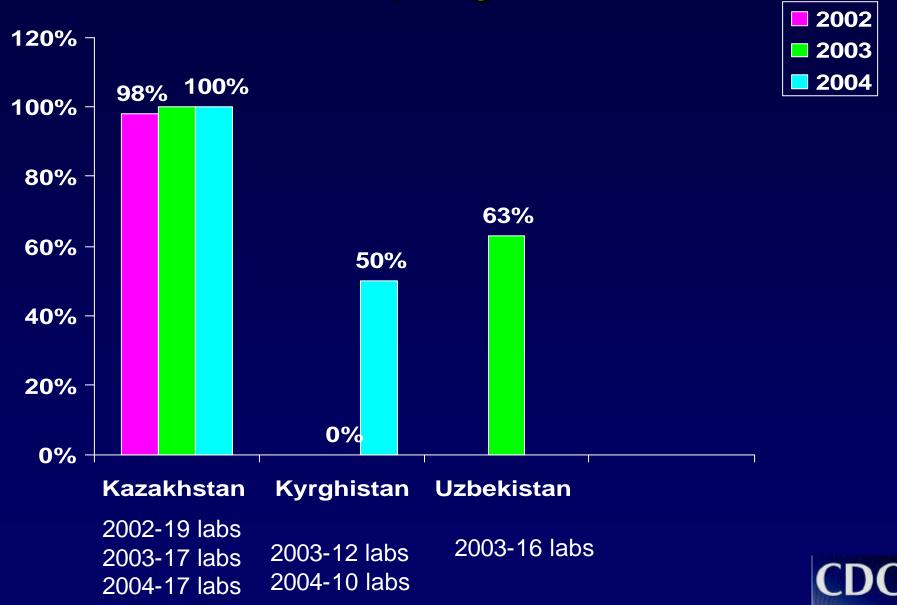
- There are 8 specimens in RP.
- ➤ Every specimen was tested with test kits, recommended by WHO
 - -"Ortho HIV1/HIV2 Ab-Capture",
 - "Ortho HCV 3.0", "Ortho -HBsAg" (Ortho-Clinical Diagnostics, USA),
 - "Genscreen HIV1-2 Ag-Ab",
 - "Monolisa HCV",
 - "Monolisa AgHBs" (BioRad, France).
- ➤ All the specimens stored at 20 C⁰ and transported at 2-8 °?

# of sa mpl e	Type of marker
1	Anti-HIV high-active (OD/OD crit. =7,2-14,5)
2	Anti-HIV Moderate-active (OD/OD crit. =4,9-5,5)
3	Anti-HIV low-active (OD/OD crit. =2,3-2,9)
4	Anti-HCV Moderate-titered (OD/OD crit. =2,5-3,5)
5	Anti-HCV high-titered (OD/OD crit. =5,1-5,6)
6	HBsAg (5 ng/ml)
7	HBsAg (1 ng/ml)
8	HBsAg (0,25 ng/ml)

Anti-HIV PT programs results

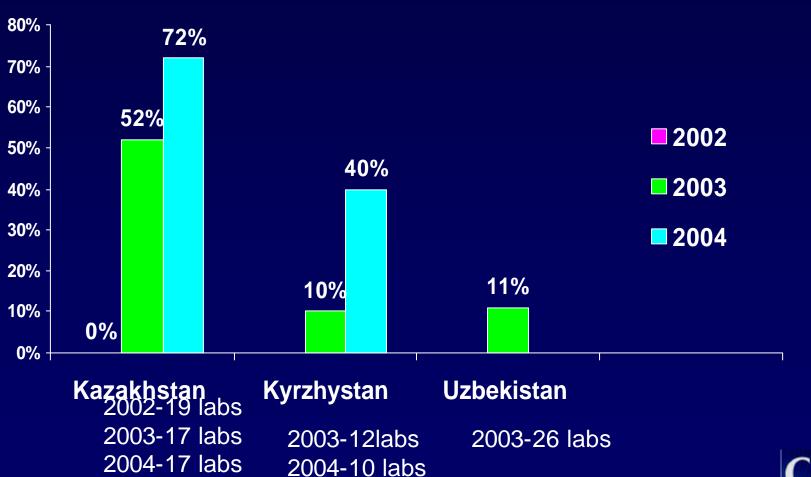


Anti-H? V PT programs results





HBsAg PT programs results





International Proficiency Testing programs participation

- Model Performance Evaluation Program for anti-HIV-1 testing (Department of Laboratory System, CDC Atlanta)
 - 17/19 laboratories of CAR were awarded in 2004
- Proficiency testing program for anti-HIV-1 dried blood spots testing (Department of Laboratory System, CDC Atlanta)
 - 8/8 laboratories of CAR were awarded in 2004



Conclusions (1)

The training module to establish QA/QC principles in the region has been developed

Reference Laboratories serving as quality assurance methodology centers for the diagnosis of infectious diseases were implemented



Conclusions (2)

CAR QA/QC Program enables

- Reliable HIV and Viral Hepatitis surveillance data in Kazakzhstan, Uzbekistan and Kyrgyzstan
- ID diagnosis test kits quality control implementation
- Monitoring and evaluation of HIV, Viral hepatitis programs in Uzbekistan, Kazakhstan and Kyrgyzstan
- International Proficiency Testing Programs participation for modern laboratory QC process involvement



Recommendation

- Sustainability of the QA programs in CAR could be achieved by:
 - Implementation of QA issuer (SOP, IQC) in each laboratory of laboratory service network
 - Conducting the regional and interregional EQC/PT program on the regular basis
 - Participation in the international EQC/PT program
 - Development of system of laboratory certification by policy changes in laboratory management and operations

